

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: —

FOR OFFICE USE ONLY

Cjm

Amendment

Amended to include Soft

RECEIVED MAY 13 2013

## II Client Information

Name: COMMUNITY HOUSING IMPROVEMENT PROGRAM

Permanent Business Address: 5 HANOVER SQUARE, SUITE 1605

City: NEW YORK

State: NY

ZIP code: 10004

Business Phone: 212-838-7442

Fax Number: 212-838-7456

Third Party Beneficiary (see instructions): —

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: PATRICK SICONDOLFI

Phone Number: 212-838-7442

Address: 5 HANOVER SQUARE, SUITE 1605

City: NEW YORK

State: NY

ZIP code: 10004

Compensation for current period: \$8,766. — .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: JOSEPH CONDON

Phone Number: 212-838-7442

Address: 5 HANOVER SQUARE, SUITE 1605

City: NEW YORK

State: NY

ZIP code: 10004

Compensation for current period: \$6,375 — .00

C Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: CONNELLY MCGLAUGHLIN + WOLOSZ

Phone Number: 212-437-7373  
~~473-3737~~

Address: 233 BROADWAY, SUITE 2310

City: NEW YORK

State: NY

ZIP code: 10007

Compensation for current period: \$18,000 — .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$33,141 .00

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$-0- .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$-0- .00

**C Itemize each expense exceeding \$75:**

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$-0- .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$-0- .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D Total expenses for current period:** \$-0- .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: M&R MANAGEMENT

or  
Single Source Person's Last Name:

First Name:

Address: 1501 AVENUE V,

City: BROOKLYN

State: NY

ZIP code: 11229

Phone: 718-998-7416

Date Contribution Received: 12 / 14 / 2012

Amount of Contribution: \$ 65.00

Date Contribution Received: 12 / 14 / 2012

Amount of Contribution: \$ 562.00

Date Contribution Received: 12 / 17 / 2012

Amount of Contribution: \$ 52.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name: BORAH GOLDSTEIN ALTSCHULER NAHINS + GOIDEL

or  
Single Source Person's Last Name:

First Name:

Address: 377 BROADWAY, 7TH FLOOR

City: NEW YORK

State: NY

ZIP code: 10013

Phone: 212-431-1300

Date Contribution Received: 7 / 5 / 2012

Amount of Contribution: \$ 115.00

Date Contribution Received: 7 / 20 / 2012

Amount of Contribution: \$ 115.00

Date Contribution Received: 9 / 4 / 2012

Amount of Contribution: \$ 115.00

Date Contribution Received: 10 / 9 / 2012

Amount of Contribution: \$ 115.00

Date Contribution Received: 11 / 19 / 2012

Amount of Contribution: \$ 43.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: AGGRESSIVE ENERGY & MECHANICAL GROUP

or  
Single Source Person's Last Name:

First Name:

Address: 78 RAPELYE ST.

City: BROOKLYN

State: NEW YORK

ZIP code: 11231

Phone: 718-836-9222

Date Contribution Received: 7/13/2012 Amount of Contribution: \$ 389.- .00

Date Contribution Received: 9/4/2012 Amount of Contribution: \$ 69.- .00

Date Contribution Received: 12/14/2012 Amount of Contribution: \$ 22.- .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 4

Single Source Entity's Name: CASTLE OIL

or  
Single Source Person's Last Name:

First Name:

Address: 440 MAMARONECK AVE., SUITE 402

City: HARRISON

State: NY

ZIP code: 10528

Phone: 914-381-6600

Date Contribution Received: 7/26/2012 Amount of Contribution: \$ 433.- .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 5

Single Source Entity's Name: LONDON TERRACE GARDENS L.P.

or  
Single Source Person's Last Name:

First Name:

Address: 200 MADISON AVE, 5<sup>TH</sup> FLOOR

City: NEW YORK

State: NY

ZIP code: 10016

Phone: 646-878-2053

Date Contribution Received: 9/13/2012 Amount of Contribution: \$ 1,142.- .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person: STONE PROPERTIES GROUP LLC  
Entity's or Person's Full Name: PETRAS FAMILY LIMITED PARTNERSHIP  
Entity's or Person's Address: 60 HILLSIDE AVE, MANHASSET NY 11030  
Entity's or Person's Phone: 516-869-8888

**Dates and Amounts of Contributions from Entity or Person:**

Date Contribution Received:	<u>8/2/2012</u>	Amount of Contribution:	<u>\$744.50</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: PETRAS FAMILY LIMITED PARTNERSHIP  
Entity's or Person's Full Name: STONE PROPERTIES GROUP LLC  
Entity's or Person's Address: 60 HILLSIDE AVE, MANHASSET NY 11030  
Entity's or Person's Phone: 516-869-8888

**Dates and Amounts of Contributions from Entity or Person:**

Date Contribution Received:	<u>11/14/2012</u>	Amount of Contribution:	<u>\$65.00</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

**Contributions from Single Source #2**

Related or Affiliated Entity or Person: BARBERRY ROSE MANAGEMENT  
Entity's or Person's Full Name: MACDOUGAL ASSOCIATES LLC  
Entity's or Person's Address: 1024 BROADWAY, WOODMERE NY 11598  
Entity's or Person's Phone: 516-374-6080

**Dates and Amounts of Contributions from Entity or Person:**

Date Contribution Received:	<u>8/17/2012</u>	Amount of Contribution:	<u>\$173.00</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: BARBERRY ROSE MANAGEMENT  
Entity's or Person's Full Name: PARK TOWERS EAST LLC  
Entity's or Person's Address: 1024 BROADWAY, WOODMERE NY 11598  
Entity's or Person's Phone: 516-374-6080

**Dates and Amounts of Contributions from Entity or Person:**

Date Contribution Received:	<u>8/17/2012</u>	Amount of Contribution:	<u>\$266.00</u>	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐



**Designated Addendum sheet for section V(B)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source # 2**Related or Affiliated Entity or Person: MACDOUGAL ASSOCIATES, PARK TOWERS EAST LLC.Entity's or Person's Full Name: BARBERRY ROSE MANAGENTEntity's or Person's Address: 1024 BROADWAY, WOODMERE NY 11598Entity's or Person's Phone: 516 374-6080**Dates and Amounts of Contributions from Entity or Person:**Date Contribution Received: 8/17/2012 Amount of Contribution: \$216,000 .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

**Dates and Amounts of Contributions from Entity or Person :**Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00**Single Source # \_\_\_\_\_**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

**Dates and Amounts of Contributions from Entity or Person:**Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

**Dates and Amounts of Contributions from Entity or Person:**Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00Date Contribution Received: / / Amount of Contribution: \$ .00

**Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**IV \* Itemized Expenses**

Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	

**V Subject's lobbied:****VI Person, State Agency, Municipality or Legislative Body lobbied:****VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:****VIII Title and Identifying Numbers of procurement contracts/documents lobbied:****IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:****X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

**VI** Subjects lobbied:

SEE ATTACHED APPENDIX A

☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:

SEE ATTACHED APPENDIX A

☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

SEE ATTACHED APPENDIX A

☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

SEE ATTACHED APPENDIX A

☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

SEE ATTACHED APPENDIX A

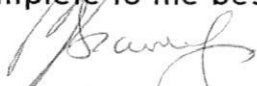
☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

SEE ATTACHED APPENDIX A

☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:

DATE: 5-10-13

PRINT NAME: LAST SICONOLFI

FIRST PATRICK

TITLE: EXECUTIVE DIRECTOR

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.